



**Testimony of Kevin P. Lembo, State Healthcare Advocate  
Before the Government Administration and Elections Committee  
Connecticut General Assembly  
In Opposition to Provisions of Senate Bill 840 and House Bill 6375  
March 16, 2009**

Good morning Senator Slossberg, Representative Spallone, Senator McLachlan, Representative Hetherington and members of the Government Administration and Elections Committee, for the record I am Kevin Lembo the State Healthcare Advocate and I am here to testify in strong opposition to Governor M. Jodi Rell's proposal to close the Office of the Healthcare Advocate (OHA), legislative provisions of which are contained in both SB 840 and HB 6375.

Sections 56, 62-67 and 75 of SB 840, *An Act concerning the Elimination of the Office of Consumer Counsel, the Office of the Healthcare Advocate, the Office of Ombudsman for Property Rights and Certain Legislative Commissions*, eliminate the Office of the Healthcare Advocate entirely.<sup>1</sup> These provisions must be stripped from SB 840. Section 43 of HB 6375, *An Act Concerning Review and Termination of Certain Boards and Commissions*, eliminates the advisory committee of the Office of the Healthcare Advocate, a critical component to maintaining the independence of OHA.

It is critical to note that if OHA is restored--requiring the revisions of SB 840 stated above--section 43 of HB 6375 must not survive. The OHA advisory committee plays a vital role and importantly, is chiefly responsible for ensuring the nomination of an independent and non-partisan Healthcare Advocate. For these reasons, section 43 of HB 6375 must be deleted.

The Office of the Healthcare Advocate was created by you, the Legislature, in 1999 as part of the much larger Managed Care Accountability Act. While we have made strides together to protect consumers over the years, the job is far from finished. The insurance market is more confusing than ever; fewer employers and individuals can find coverage that is meaningful and affordable; and, the denials get more troubling every day.

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<sup>1</sup> Section 67 of the SB 840 actually retains the Commission on Health Equity, but does not house it in any agency.

I share your concerns, and those of the Governor, about the challenging financial condition of our state and nation. The looming budget deficit of the biennium will require clear and innovative thinking on all our parts. The easy answers, the quick cuts, however will simply not be enough.

The OHA is a Special Fund Agency. We receive our budget allocation from the Insurance Fund (like the Insurance Dept.). The Insurance Fund, as you know, is created based on an assessment on insurance companies. Cuts to OHA do not help to close the General Fund deficit. In fact, cuts to OHA would go back to the insurance industry. All rescissions, lapses and cuts are backed out as credits when the new fiscal year assessment is calculated.

The OHA and Insurance Dept. (CID) while sharing funding, have very different roles. CID is the regulator. OHA is the consumer advocate. The Insurance Department ensures that there is a healthy insurance marketplace. The Office of the Healthcare Advocate makes sure the market is healthy for consumers.

The Insurance Department does not, can not, and arguably, should not do what we do. CID only helps a limited number of consumers who are in state-regulated plans, but about 50% of insured Connecticut residents are in federally regulated plans. The Insurance Department is prevented from helping them. Without OHA, they will have nowhere else to turn. Besides referrals from legislators and CID, state entities, including among others, the Office of the Governor, the Office of Health Care Access, the Department of Social Services, have referred cases to us, because of our expertise.

The OHA ensures that health insurance companies meet their contractual obligations and that they pay for the medically necessary, sometimes life-saving, treatment patients need. We help patients and providers to build and document the case for medical necessity, and it is based on that information that denials are reversed on appeal. This is a core consumer protection of function of government that is not performed by any other state agency.

In 2008, the OHA helped more than 2,000 patients to resolve problems with their health insurance coverage. OHA's assistance resulted in more than \$5,000,000 in consumer savings last year – the value of those claims for surgeries, cancer treatment, transplants, mental health care, and other needs, that we helped to overturn.

The OHA's budget for this fiscal year is slightly over \$1,000,000. For every dollar we spend from the Insurance Fund, we return more than \$5 directly to the pockets of patients. (OHA data follows this testimony.) The Office of Fiscal Analysis often cites OHA's performance measurement, "For every dollar we spend from the Insurance Fund, we return \$5.20 to the pockets of patients," as a high-quality performance measurement example in their Results-Based Accountability (RBA) trainings, done in partnership with the Charter Oak Group, LLC.

Most important, however, are the patients we serve; those who otherwise would have spent down their retirement savings, max-ed out their credit cards, refinanced their homes, or borrowed from friends and family members to get the care they needed. Even worse, there are

those who could do none of those things and who simply go home and wait. This is dramatic, but it is a frightening reality for our neighbors every day.

Since 1/1/05, OHA has helped about 7,500 patients and returned nearly \$14 million in savings directly to patients and their families. We share some of their stories with you in attachments to our testimony. With higher unemployment, and an anticipated increase in denials for those lucky enough to have insurance, the need for OHA will only increase in the coming years. In fact, our caseload this year is already tracking significantly higher than last year's.

Beyond individual cases and in the last year, OHA took on the unfunded task of becoming the administrative home of the newly established Commission on Health Equity, which is now undertaking its strategic planning. We also completed data gathering for, and hope to have for you in April, the Hospital and Managed Care Organization's Community Benefits Report, a task transferred to OHA last year.

OHA pursues a strong public policy agenda. In the last few years, we proposed and secured passage of legislation: codifying the definition of medical necessity; prohibiting postclaims underwriting<sup>2</sup>; eliminating the coverage requirement of a three-day acute hospital stay prior to receiving medically necessary residential treatment under mental health parity; and, removing the barrier to the coverage of physical, occupational and speech therapies for children with autism spectrum disorders. We've been deeply involved also in policy discussions on reforming and improving Connecticut's public insurance programs and private sector offerings and in ensuring that the federal stimulus money directed at preserving Medicaid and SCHIP hits its target. We've testified in support of many bills that would ensure accountability in both public and commercial insurance programs. Recently, OHA lent its name on behalf of the state to a federal lawsuit, joined by a wide variety of states and organizations, to challenge the so-called "conscience rule". This rule could have jeopardized billions of federal dollars that Connecticut relies on for healthcare funding.<sup>3</sup>

At the federal level, by request of congressional officials, OHA staff participated directly in negotiations on the final language of the Wellstone-Domenici Mental Health Parity Act in order to ensure that strong state mental health parity laws were not jeopardized. We also were asked to provide expertise and support for congressional investigations into the proliferation of the often egregious process of postclaims underwriting.

In closing, OHA is a multi-faceted entity with a variety of expertise that's proven to be effective and efficient. It is a model envied by other states. We provide crucial, sometimes life-saving assistance while insisting on improvements in the healthcare arena and in the insurance market. OHA needs not only to remain standing, but to remain independent.

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<sup>2</sup> We proposed legislation this year to revise the earlier bill on postclaims underwriting to tighten up the requirements on insurers in order to prevent maltreatment of consumers. That bill, HB 6531 passed out of the Insurance and Real Estate Committee on March 10, 2009.

<sup>3</sup> The action is now pending in federal court, awaiting the outcome of new federal rulemaking that may resolve the underlying issue in the case.

I urge you to reject sections 56, 62-67 and 75 of SB 840 and section 43 of HB 6375.

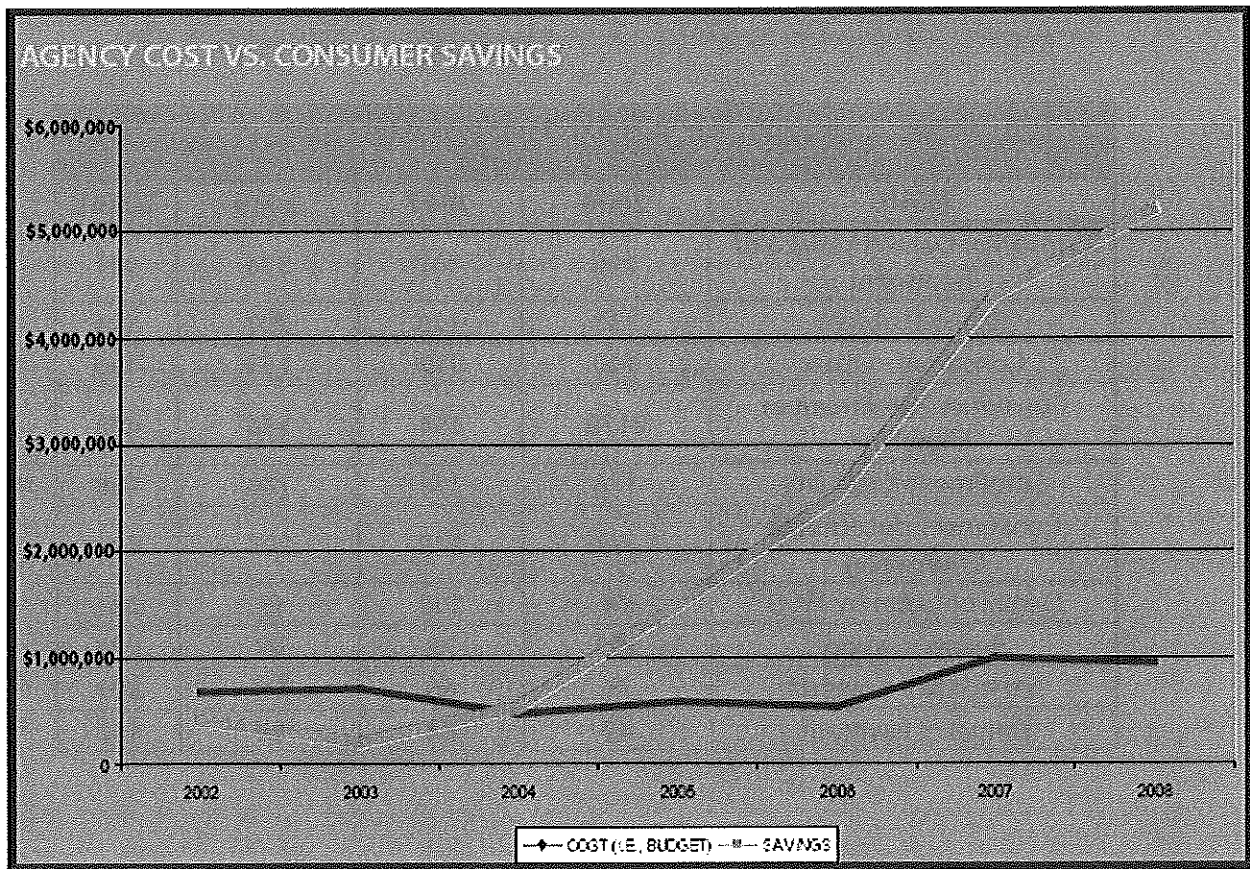
Thank you for your attention to these comments, the attached data and the consumer and other advocate communications about our work. I look forward to our continued work together.

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1. Cutting OHA does not help solve the fiscal crisis.
  2. Cutting OHA only enriches the insurance companies.
  3. Cutting OHA means direct and immediate harm to consumers.

## **OFFICE OF THE HEALTHCARE ADVOCATE** ***BY THE NUMBERS***

### OHA: A Good Investment

<b>YEAR</b>	<b>Investment (i.e., budget)</b>	<b>SAVINGS</b>	<b>Return on Investment</b>
2008	\$1,032,611.00	\$5,191,613.56	5.48
2007	\$993,119.00	\$4,391,353.00	4.42
2006	\$544,672.00	\$2,514,825.00	4.62
2005	\$581,414.00	\$1,487,895.00	2.56
2004	\$479,328.00	\$531,823.00	1.11
2003	\$709,271.00	\$205,665.00	0.29
2002	\$686,253.00	\$410,294.00	0.60
<b>Total</b>	<b>\$5,026,668.00</b>	<b>\$14,733,468.56</b>	<b>2.93</b>



## OFFICE OF THE HEALTHCARE ADVOCATE *BY THE NUMBERS*

Total Complaints Closed 2002 thru 2008	
Year	Number of Complaints Closed
2008	2,143
2007	1,749
2006	1,865
2005	1,468
2004	731
2003	546
2002	643

Consumer Complaints Fall Into a Few Major Issue Categories:

<b>TOP TEN COMPLAINTS BY ISSUE 2006 thru 2008</b>				
<b>ISSUE</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>TOTAL</b>
Consumer Denied Service or Treatment	295	302	324	921
Billing Problem	133	179	202	514
Consumer - Other	160	177	153	490
Consumer Enrollment or Eligibility	178	154	156	488
Enrollment/Eligibility	178	154	156	488
Consumer Education or Counseling	133	148	205	486
Denial of Claim by MCO	84	102	95	281
Benefit Design	102	78	97	277
Service Not Covered	76	66	59	201
Denial of Payment	49	64	54	167

**Congress of the United States**  
**Washington, DC 20515**

March 11, 2009

The Honorable Martin M. Looney, Co-Chair  
Executive & Legislative Nominations Committee  
Connecticut General Assembly  
Room 1000, Legislative Office Building  
Hartford, Connecticut 06106

The Honorable Claire L. Janowski, Co-Chair  
Executive & Legislative Nominations Committee  
Connecticut General Assembly  
Room 1000, Legislative Office Building  
Hartford, Connecticut 06106

Dear Chairmen Looney and Janowski,

We write in strong support of the reappointment of Mr. Kevin Lembo as Connecticut's State Healthcare Advocate.

Created by the Legislature in 1999, the Office of the Healthcare Advocate (OHA) has helped to protect consumers in their dealings with the health care and health insurance industries. The OHA has educated consumers about their rights and responsibilities with respect to their health insurance plan, provided direct advocacy for patients when insurance claims are denied, and recommended state and federal legislation to protect health care consumers.

Under Mr. Lembo's leadership, the OHA served over 2,000 Connecticut families last year and has assisted approximately 7,500 families during his four year tenure as the State's Healthcare Advocate. Due to these efforts, Mr. Lembo's office has saved Connecticut consumers almost \$14 million.

Mr. Lembo's position, funded from the State's Insurance Fund, is particularly important now as Connecticut's residents are faced with major cuts in health insurance benefits and the complexity of navigating the COBRA process. Now more than ever, these consumers need an advocate to help ensure that they are receiving fair and just treatment as they strive to provide health coverage for themselves and their families.

In addition to his work at the state level, Mr. Lembo has been a national leader on questions of health insurance practice. This past summer, Mr. Lembo was invited to testify before the House Oversight and Government Reform Committee on the issue of post-claim underwriting and insurance policy rescission. Mr. Lembo has often consulted on health care policy with Members of Congress and has been an asset to our offices as we work to assist our constituents in their efforts to seek quality health care services. Mr. Lembo was also instrumental in helping the Connecticut delegation's fight to protect Connecticut's consumer protection laws during the negotiations to enact federal Mental Health Parity legislation.

We believe Mr. Lembo's reappointment would be of great benefit to the consumers of the State of Connecticut, and we urge you to act swiftly on his appointment. Thank you for your consideration.

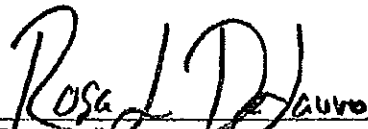
Sincerely,



Christopher Dodd  
U.S. Senator



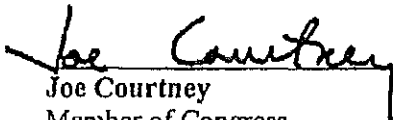
Joseph Lieberman  
U.S. Senator



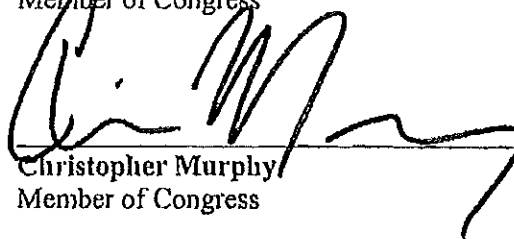
Rosa DeLauro  
Member of Congress



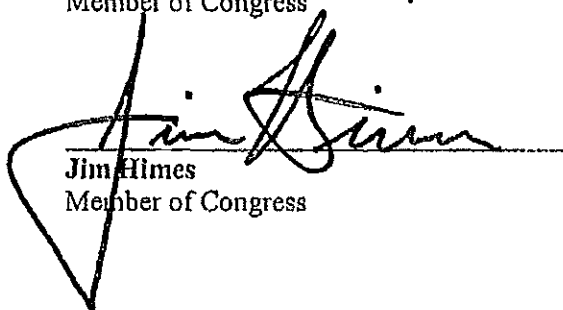
John Larson  
Member of Congress



Joe Courtney  
Member of Congress



Christopher Murphy  
Member of Congress



Jim Himes  
Member of Congress



*Memo from the Desk of*

REPRESENTATIVE PETER F. VILLANO

STATE CAPITOL

HARTFORD, CONNECTICUT 06106-1591

1-800-842-8267



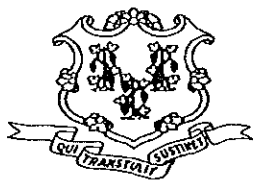
2/25/09

Kevin

FYI - copy of my letter to the Appropriations subcommittee chair on Regulation and Protection supporting retention of the Health Care Advocate office, and copy of a constituent's letter thanking your office for its help with her insurer.

Regards,

Peter



State of Connecticut  
CONNECTICUT GENERAL ASSEMBLY

MANAGED CARE OMBUDSMAN  
STATE OF CONNECTICUT

2009 FEB 26 P 1:41

February 9, 2009

Senator Toni Harp  
Representative Tom Reynolds  
Co-Chairs, Regulation and Protection  
Subcommittee of Appropriations

Dear Sen. Harp and Rep. Reynolds:

Legislative efforts these past few months to protect health care delivery services to HUSKY children and parents has been aided immeasurably by the Office of the Health Care Advocate. At public hearings and in closed door meetings with DSS Commissioner Starkowski, Kevin Lembo and staff provided competent professional back-up for our joint arguments against endangering enrollee eligibility by frequent changes in provider networks.

Perhaps of greater importance is the singular role of the Office of the Health Care Advocate over the years in successfully challenging the denial of needed health care by countless individuals and, in many instances, needy citizens.

In today's national economic downturn, increasing jobless and state budget deficits, its literally life-saving services are needed more than ever. Since we all know that the Health Care Advocate's budget is funded by payment from the insurance industry and not from general taxation, there is no monetary benefit to be gained by eliminating that office. The responsible course of action is to reject the Governor's proposal and keep the Office of the Healthcare Advocate working for the people.

Sincerely,

A handwritten signature in cursive script, reading "Peter Villano".

Peter F. Villano  
State Representative  
91<sup>st</sup> District

Gail Vasil  
16 Wilmot Road  
Hamden, CT 06514

February 24, 2009

To Whom It May Concern:

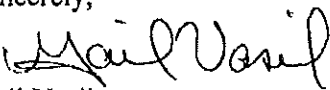
For over 2 ½ years I have been trying to get a pharmaceutical bill from Value Health Care Services settled, concerning payment for bills accrued by my deceased mother Helen Fiasconaro during the time she was in (Arden House in Hamden) a skilled health care facility. The total bill is for \$7494.02. Hospice was responsible for \$1683.49 of that total while she was under their care which means the insurance company needed to pay the balance of \$5810.53. Every time I have called the insurance company, I have had to talk to someone different, and explain the entire situation over and over again. You can never talk to the last person you spoke to because every time you call you get a different call center. I have spoken to a lot of people over the last 2 1/2 years and most of the responses were that it is still being looked into. I have attached the list of people I have spoken to with a summary of what was said each time. I hope you can appreciate how frustrating it has been trying to get this resolved.

In September 2008, after talking to a colleague about how frustrating this has been, she suggested that I write to my Congresswoman and State Representatives to see if they can help with this. So I drafted a letter to Congresswoman Rosa DeLauro and cc'd Rep. Peter Villano and Brendan Sharkey. I never did mail the letter to Rosa or Brendan because I happened to see Rep. Villano and explained the whole situation to him. I gave him a copy of the letter, because he said that he would forward the letter to Vicki Veltri from the Office of Healthcare Advocate and have her contact me to discuss this. To my surprise within two weeks Ms. Veltri called to discuss my problem. After speaking to her, she was able to research the situation. In less than two months I received a call from Kenneth Lynch from Health Net regarding what was going on and he told me that he was going to look into this because it looked like Arden House never billed the insurance company for the prescriptions. In January & February he wrote to Ms. Veltri to let her know that after his review Health Net was responsible for partial payment (letters enclosed) and the payment would be sent to Value Healthcare.

This issue is still not completely resolved, but I am a lot closer. If it were not for Rep. Villano and Ms Veltri I would still be going round and round with Health Net. The people of Connecticut need someone on their side to help with insurance issues such as mine. Ms. Veltri and the Office of Healthcare Advocate is a great asset to the people of Connecticut, so I urge you to reconsider closing this valuable department because I can't imagine how many people especially our elderly would be paying for insurance claims that the insurance companies are responsible for if they did not have someone fighting for them.

Thank you for for listening to me and I hope that you will consider keeping this valuable department open.

Sincerely,

  
Gail Vasil

**Testimony of  
Jamey Bell and Sharon Langer  
In Support of the Reconfirmation of Kevin P. Lembo, State Healthcare Advocate  
Before the Executive and Legislative Nominations Committee  
March 12, 2009**

Good afternoon Senator Looney, Representative Janowski, Senator McKinney, Representative Piscopo and members of the Executive and Legislative Nominations Committee. For the record, Jamey Bell is the Executive Director of Connecticut Voices for Children, whose mission is to promote the well-being of all Connecticut's young people and their families by advocating for strategic public investments and wide public policies. Before last fall Ms. Bell was a legal aid lawyer for 26 years, advocating to improve health care access for Connecticut's residents. Sharon Langer is a Senior Policy Fellow at Connecticut Voices, specializing in health care programs and access, and prior to that she was a long-time legal services lawyer concentrating in health law.

**Connecticut Voices unequivocally supports the reconfirmation of Kevin Lembo as the state's Healthcare Advocate.** The Healthcare Advocate's office is among the top few of the most effective and important public offices, and this is wholly due to Kevin's strong leadership, management, strategic thinking, dedication, and hard work. The Office of the Healthcare Advocate, as it has evolved under Kevin's Lembo's leadership, is unique. The Office is a premier resource for health and insurance program information across the private and public spectrum, with deep and practical knowledge of laws, rights, procedures, policy and how these interact and play out *on the ground*. It is a consistent and responsible collaborative partner in all efforts to improve health care programs and access across the state, with an eye toward efficiency, comprehensive coverage, systemic improvement and quality. Connecticut Voices relies on Kevin Lembo to lead in ensuring that health care systems affecting our mutual constituencies are as integrated, comprehensive, consumer-friendly, accountable and efficient as possible.

Kevin Lembo also leads an organization which has one of the most effective *advocacy* arms that we have ever seen. It is commonplace for Kevin's office to receive profuse praise from everyone who seeks assistance from it. We have personally had individuals whom we have referred there us to thank us for what they characterize as "life-saving" advice and help.

In short, Kevin Lembo and the Office of the HealthCare Advocate get the job done. He maintains a broad and deep knowledge of the issues, hires the right people, publicizes and follows through on the availability of the service, and *delivers*. We respectfully request that you vote to confirm Kevin Lembo as the Healthcare Advocate and send his nomination to the Senate floor with unanimous support. Thank you for your attention.

February 9, 2009

To Whom It May Concern:

Families USA is a national nonprofit organization for health care consumers. I write to urge you to continue funding for the Connecticut Office of the Healthcare Advocate. In addition to its valuable work in protecting residents of Connecticut, the Office has played a very important role in protecting health care consumers nationally by informing other advocacy organizations and policy makers of problems people face in getting health care services covered.

Last year, the Office of the Healthcare Advocate helped educate national advocacy organizations and members of the U.S. Congress about the differing protections states provide to mental health consumers in their insurance laws. As a result, the federal Mental Health Parity law improves the protections offered by states but does not preempt state laws that provide help beyond the federal minimum requirements. Two years ago, the Office of the Healthcare Advocate was instrumental in informing policy makers about insurance companies' abuses in revoking health insurance policies. The Attorney General, Office of the Healthcare Advocate, and Connecticut lawmakers have worked to address these abuses in Connecticut; and the Office of the Healthcare Advocate is an active consumer representative to the National Association of Insurance Commissioners, which has agreed to develop model legislation for the rest of the country to follow.

Families USA has benefitted from the work of the Connecticut Office of the Healthcare Advocate in many ways. We have written about Connecticut's groundbreaking laws regarding coverage revocations in our national reports; Kevin Lembo has spoken in our national conferences for three consecutive years, training advocates from other states, and has been a regular speaker and participant in our conference calls for consumer advocates and ombudsman across the U.S.; Maureen Smith has also spoken at national conferences that we have organized for consumer health assistance programs. Connecticut is one of about 25 states that have passed laws establishing a health care advocacy or ombudsman program. Connecticut's program is a model for the rest of the nation because of its independence within government, its ability to garner support from crucial branches of government such as the Attorney General to enforce laws, and because of its ability to spot emerging consumer problems and bring them to the attention of people who can enact new policies. Recently, we referred a new ombudsman program in another state to Connecticut for training and technical assistance in establishing her program.

Consumers face myriad problems navigating the health care system. Laws about how to appeal adverse determinations; when pre-existing conditions will be covered; when policies must be sold; and whether the Insurance department, US Department of Labor, Department of Health, or some other



**NORTHERN & SOUTHERN NEW ENGLAND CHAPTER**  
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BY FAX

February 9, 2009

Senator Toni Harp, Co-Chair  
Representative Tom Reynolds, Co-Chair  
Regulation and Protection Subcommittee of the Appropriations Committee  
Room 2700  
Legislative Office Building  
Hartford, CT 06016

RE: Governor Rell's budget proposal to eliminate the Office of the Healthcare Advocate

Dear Senator Harp, Representative Reynolds and Subcommittee Members:

I am sorry that we are not available to testify tonight before the subcommittee on Governor Rell's budget proposal to eliminate the Office of Healthcare Advocate.

We oppose eliminating the state healthcare advocate for two reasons:

1) The Office of the State Healthcare Advocate performs a unique function of helping consumers get access to or resolve issues with healthcare insurance. We have referred many people with arthritis to this office. There is not a comparable service on this scale available in another state agency or the private, nonprofit section. The attorneys and staff in the state healthcare advocate office specialize in helping your constituents and ours navigate the intricacies of health insurance policies. The state Insurance Department, by contrast, deals primarily with regulation of industry.

In addition, the Office has advised the General Assembly on numerous occasions on how public policy changes will affect access to health care in the state, including most recently opposing the Governor's Charter Oak Health Plan because it was specifically designed to exclude those with chronic illnesses, like arthritis, in order to keep costs low. People with chronic disease represent 50% of those uninsured. They are most likely to have problems getting health care coverage or with policies that exclude coverage for certain conditions or treatments. With the large increase in unemployment, expected to top over 80,000 by latest estimates, the Office of the Healthcare Advocate is needed even more to help the unemployed assess available options for continuing or finding healthcare coverage.

2) Since it is funded by the insurance industry, eliminating the office will not save the general fund.

We respectfully request that your subcommittee recommend that the Office of Healthcare Advocate not be eliminated from the budget.

Sincerely,

Susan M. Nesci  
Chief Public Health & Policy Officer

VANDERLAAN LAW GROUP, LLC

ATTORNEYS AT LAW

February 9, 2009

Regulation and Protection Subcommittee of Appropriations  
Legislative Office Building  
Hartford, CT 06106

RE: Office of the Healthcare Advocate

Dear Subcommittee:

I am writing to you to show support for the Office of Healthcare Advocate and to urge that this Office be allowed to continue to serve the citizens of Connecticut.

I am an attorney in private practice and have worked in the healthcare area for over 15 years. My clients include hospitals, physicians, home health care agencies and individual subscribers. The complexities surrounding healthcare coverage are very real and often create an environment where insured individuals accept denials by insurance companies. This results in lack of access to healthcare and increased costs to providers and taxpayers. I have had the pleasure of working with OHA on a number of occasions. Only with their assistance, I have been able to alleviate the financial burdens imposed on subscribers unnecessarily and secure the medical services that are so desperately needed. One such case involved a woman with stage 3 ovarian cancer. Her insurer denied coverage of medical treatment, which was her only hope of recovery, as experimental. Her medical provider would not provide the necessary treatment without substantial payment up front, which she could not afford. OHA assisted my efforts to appeal the insurer's denial by providing support in the form of medical expertise and communication with representatives of the insurer. This assistance proved invaluable; the denial was reversed and my client obtained the treatment she needed. That was 5 years ago, and I am happy to report that my client has been in remission ever since.

The benefits OHA provides to Connecticut citizens cannot be understated. I am personally aware of many individuals who have relied on the resources of OHA in the past to work through problems with healthcare insurance problems. All of them received calm assurance and direction about insurance at a time when they needed to focus on their own health and wellbeing, and they saved thousands of dollars in out-of-pocket healthcare costs.

Thank you for your attention and consideration.

Very truly yours,

MARIA PEPE VANDERLAAN

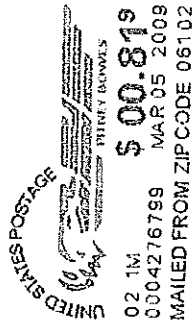
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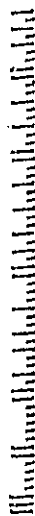
Kevin Kinsella  
Vice President  
Hartford Hospital  
80 Seymour Street  
Hartford, CT 06102

PRESORTED  
FIRST CLASS



Kevin Lembo  
Office of the Healthcare Advocate  
P.O. BOX 1543  
Hartford CT. 06144

06144 06144





MANAGED CARE OMBUDSMAN  
STATE OF CONNECTICUT  
2009 MAR -6 P 1:57

March 3, 2009

Senator Edith G. Prague  
Legislative Office Building, Rm 3800  
Hartford, CT 06106

Dear Senator,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

(Co. Kevin Lembo)

March 3, 2009

Representative Joseph Serra  
Legislative Office Building, Rm 4021  
Hartford, CT 06106

Dear Representative,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

 J. Kevin Kinsella

March 3, 2009

Senator Thomas Gaffey  
Legislative Office Building, Rm 3100  
Hartford, CT 06106

Dear Senator,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

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Sincerely,

J. Kevin Kinsella  
Vice President

 Co. Kevin Lembo

March 3, 2009

Senator Toni Nathaniel Harp  
Legislative Office Building, Rm 2700  
Hartford, CT 06106

Dear Senator,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

 Kevin Lembo

March 3, 2009

Representative John C. Geragosian  
Legislative Office Building, Rm 4039  
Hartford, CT 06106

Dear Representative,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

 Kevin Lembo

March 3, 2009

Senator Joan V. Hartley  
Legislative Office Building, Rm 1800  
Hartford, CT 06106

Dear Senator,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

~~cc: Kevin Lembo~~

March 3, 2009

Representative Jason W. Bartlett  
Legislative Office Building, Rm 4005  
Hartford, CT 06106

Dear Representative,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

~~Cc: Kevin Lembo~~

March 3, 2009

Representative Deborah W. Heinrich  
Legislative Office Building, Rm 2704  
Hartford, CT 06106

Dear Representative,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked with him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

~~cc: Kevin Lembo~~



March 3, 2009

Representative Kelvin Roldan  
Legislative Office Building, Rm 1001  
Hartford, CT 06106

Dear Representative,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

**Cc: Kevin Lembo**

March 3, 2009

Senator Edith G. Prague  
Legislative Office Building, Rm 3800  
Hartford, CT 06106

Dear Senator,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

 Kevin Lembo

March 3, 2009

Senator Jonathan A. Harris  
Legislative Office Building, Rm 3000  
Hartford, CT 06106

Dear Senator,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

~~cc: Kevin Lembo~~

March 3, 2009

Representative Elizabeth B. Ritter  
Legislative Office Building, Rm 3004  
Hartford, CT 06106

Dear Representative,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

~~Cc: Kevin Lembo~~

March 3, 2009

Senator Gayle S. Slossberg  
Legislative Office Building, Rm 2200  
Hartford, CT 06106

Dear Senator,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

~~Cc: Kevin Lembo~~

March 3, 2009

Representative Linda M. Gentile  
Legislative Office Building, Rm 4011  
Hartford, CT 06106

Dear Representative,

I am writing in support of Kevin Lembo, Director of the Office of the Healthcare Advocate.

Mr. Lembo has done an outstanding job as an advocate for the State of Connecticut in matters pertaining to access to healthcare. Hartford Hospital has worked him and his staff extensively to insure that patients receive the best care possible. Mr. Lembo has also been helpful in getting insurance agencies abide by reimbursement regulations.

Kevin Lembo is an honest, bright and hard working professional who deserves to be reappointed to his position. The office of Healthcare advocate should also be preserved as the staff has met all of the goals and objectives that were established by the legislation that created the office.

Sincerely,

J. Kevin Kinsella  
Vice President

~~cc: Kevin Lembo~~

*GEORGETOWN UNIVERSITY**Health Policy Institute*

March 5, 2009

Senator Martin Looney, Co-Chair  
Representative Claire Janowski, Co-Chair  
Executive and Legislative Nominations Committee  
Room 1000, Legislative Office Building  
Hartford, CT 06106  
By fax: 860-240-8833

Dear Senator Looney and Representative Janowski,

I am writing this letter to state my views about the Office of the Health Care Advocate for the State of Connecticut, headed by Kevin P. Lembo. By way of background, for twelve years I have directed a team of researchers who study private health insurance regulation and consumer protection in all 50 states. Based on this experience, I have observed that Mr. Lembo is a leading expert in this field. His approach to understanding, addressing, and giving voice to the health insurance concerns of consumers and patients is most effective. He has turned the Office of the Health Care Advocate into a national model.

Mr. Lembo provides more than just constituent assistance. He analyzes individual problems as case studies from which he can learn in closer detail how policy features and market practices affect consumers. This approach is highly insightful. The lessons he draws are concrete and understandable and refreshingly non-theoretical and nonpartisan. Since joining the Office of the Health Care Advocate, Mr. Lembo has also become a valuable resource to researchers and policymakers across the nation. Last summer, for example, Mr. Lembo testified at a Congressional hearing on health insurance rescission and post-claims underwriting, helping to place this issue on the national stage. He is also a highly respected consumer representative to the National Association of Insurance Commissioners.

I greatly admire Mr. Lembo's wisdom and expertise. I also appreciate his willingness to collaborate and assist others who study private health insurance and seek ways to make it work more effectively for consumers. I hope he will continue in this work for a very long time.

Sincerely,

Karen Pollitz  
Research Professor

3300 Whitehaven Street, NW Suite 5000 Box 571444  
Washington DC 20057-1485  
Courier Delivery Zip Code: 20007  
202-687-0880 202-687-3110 facsimile  
<http://HPI.georgetown.edu>



February 25, 2009

Senator Toni N. Harp, Co-Chair  
Representative John C. Geragosian, Co-Chair  
Appropriations Committee  
Room 2700  
Legislative Office Building  
Hartford, CT 06016

**RE: Governor Rell's budget proposal to eliminate the Office of the Healthcare Advocate**

Dear Senator Harp, Representative Geragosian and Appropriation Committee Members:

The Connecticut Health Advocacy Forum is a coalition of 28 state voluntary health agencies concerned about access to quality health care services. Our agencies primarily deal with chronic diseases. Those with chronic diseases represent 50% of the uninsured in our state. They often have difficulty gaining access or coverage from health care insurance.

We realize the financial constraints the state is facing; however, we oppose eliminating the Office of the State Healthcare Advocate for the following reasons:

1) The Office of the State Healthcare Advocate performs a unique function of helping consumers get access to or resolve issues with healthcare insurance. Our agencies have referred many people with chronic diseases to this office. The Governor has suggested that the work of this office can be done effectively by the state Insurance Department or nonprofit agencies.

We differ with the Governor's assessment. As nonprofits, we have not found a comparable service on this scale available in another state agency or the private, nonprofit section. The attorneys and staff in the state healthcare advocate office specialize in helping your constituents and ours navigate the intricacies of health insurance policies. The state Insurance Department, by contrast, deals primarily with regulation of industry. Our collective experience over many years referring consumers to the Insurance Department is the agency responds primary to regulatory violations, such as deceptive solicitations, and not health care access issues. Nonprofits do not have the resources to pick up this service if the state no longer offers it.

With the large increase in unemployment, expected to top over 80,000 by latest estimates, the Office of the Healthcare Advocate is needed even more to help the unemployed assess available options for continuing or finding healthcare coverage.

2) The Office of the State Healthcare Advocate has advised the General Assembly on numerous occasions on how public policy changes will affect access to health care in the state. In this last session, this included opposing the Governor's Charter Oak Health Plan because it was specifically





## Connecticut Health Advocacy Forum

C/O Arthritis Foundation Northern & Southern New England  
35 Cold Spring Road Suite 411, Rocky Hill, CT 06067 800-541-8350



designed to exclude those with chronic illnesses and would hurt the HUSKY population. The state benefits by having an independent voice to advise the General Assembly and Governor on complex health policy issues.

3) Since it is funded by the insurance industry, eliminating the office will not save the general fund.

The following agencies in the Connecticut Health Advocacy Forum respectfully request that your subcommittee recommend that the Office of Healthcare Advocate not be eliminated from the budget.

Sincerely,

Advocacy for Patients with Chronic Illness, Inc  
ALS Association, CT Chapter  
Alzheimer's Association, Connecticut Chapter  
American Cancer Society, New England Division  
American Foundation for Suicide Prevention  
American Heart Association  
American Lung Association of New England  
Arthritis Foundation, Northern and Southern New England Chapter  
Asthma and Allergy Foundation of America, New England Chapter  
CT AIDS Resource Coalition  
Connecticut Cancer Partnership  
Connecticut State Medical Society  
Crohn's & Colitis Foundation, Central CT Chapter  
Epilepsy Foundation of Connecticut  
Lupus Foundation, CT Chapter  
Mental Health Association of Connecticut, Inc  
National Alliance on Mental Illness, CT (NAMI-CT)  
National Alliance of State Prostate Cancer Coalitions  
National Kidney Foundation of Connecticut  
National Multiple Sclerosis Society, Connecticut Chapter  
The AIDS LIFE Campaign



March 10, 2009

Dear Senator Looney and Representative Janowski,

I write to you today on behalf of the thousands of families across the state of Connecticut who are directly impacted by autism spectrum disorder.

As you may know, autism impacts an increasing number of people. An estimated 1 in 123 individuals in the State of Connecticut are diagnosed with autism, a number that is higher than the national average of 1 in 150.

Unfortunately, even as our numbers increase, autism remains the most underfunded childhood disorder in the country. In times of economic crisis such as these, insurers and providers are often most likely to cut funds allocated towards serving the autism community. Connecticut families already burdened with the challenges of caring for a loved one with autism struggle to navigate the complex landscape of diminishing healthcare reimbursement.

For this reason, our community now more than ever, needs Kevin Lembo to remain in his capacity as Healthcare Advocate. We respectfully ask that his invaluable skills remain a resource to the families of Connecticut.

Sincerely,

A handwritten signature in cursive script that reads 'Shannon Knall'.

Shannon Knall  
Connecticut Chapter Advocacy Chair  
Autism Speaks

I was diagnosed with Breast Cancer in March 2006 for the second fifteen years after the first diagnosis. I had been checked regularly at Sloan Kettering CC in New York since my first treatment. This cancer was very aggressive and took both me and the drs. by surprise because of its rapid growth. I had a double mastectomy and then was treated with aggressive chemotherapy.

The decision was made by Larry Norton at Sloan to also follow with a six week regimen of daily radiation as a result of the extensive involvement of lymph nodes which were discovered at the time of my surgery. The same dr. who had administered radiation to me 15 years earlier recommended that this time I have a particular type of radiation called Intense Modular Radiation Therapy or IMRT. This treatment targets the problem area only while protecting the surrounding area. Since I had previously had radiation in the chest area this was important to protect my heart and lungs which had already been exposed to radiation once. In addition, it is more effective in treating such aggressive cancers.

Much to my surprise, Blue Cross (a premium insurance company) denied coverage for my treatment stating that they did not consider it medically necessary. My dr. at Sloan told me that they had been using this treatment for Breast Cancer for about 10 or 12 years and had only just recently begun to have a problem with a couple of insurance companies. Blue Cross was one but other companies like United Health Care and a list of others did cover this treatment. When her patients were denied she was appealing to Blue Cross and always was successful.

She sent in an appeal on my behalf which was denied after about a week. She then sent a second appeal which she said always worked but it too was denied after another week. Her other dealings with Blue Cross had been from other states, mostly New York and Dr. McCormick was shocked at this outcome. My husband and I had been in touch with Blue Cross stating that we would pay the difference between the cost of the type of radiation they would cover and the cost of IMRT. They would not agree with that and in essence were dictating my treatment by saying it was their way or they would not pay. The difference in cost was about 15% more than what they would cover.

We contacted Senator Lieberman's office who put us in touch with Vicky Veltri at the Health Advocate's Office. As you can imagine, this is a traumatic time for both the patient and family.

You need all your resources to fight this battle. Having an insurance company dictate your care is tantamount to torture for all involved (patient, as well as family). The second appeal decision was final according to Blue Cross. And then Ms. Veltri advocated for us with the Insurance Co. My daughter and she talked. My daughter told me about emails she got from Vicky which were sent at 2:00 a.m. and countless contacts with her to get all the facts to present. Within a week, she had convinced Blue Cross to reopen the appeal and they decided to cover IMRT. There was a real time crunch involved since because of Blue Cross's slow process I was getting to the end of the window in which radiation HAD to be started.

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In the long run, I am convinced that the insurance company saved money because we would have gone to the state to appeal and then sued Blue Cross if that did not work. We would have paid for the treatment and then sued because we felt that this policy was so wrong and ultimately costly to the health care system. Well patients are the goal of the hospitals who need the cooperation of the insurance companies to make that happen. The office of Health Advocacy serves an essential role to the citizen's of this state.

I would be happy to answer any questions about the above.

Clare Donoghue  
Fairfield, Connecticut

**Mitchell, Michael F**

---

**From:** Barbara woodis-ihloff [wellswood35@gmail.com]

**Sent:** Tuesday, March 10, 2009 10:41 AM

**To:** Veltri, Victoria

**Subject:** appeal to avoid closure of advocate office

I am sending you a copy of this by snail mail today.

March 10, 2009

Office of the Healthcare Advocate

Dear Ms Veltri

I am writing to plead for a reconsideration of the decision to close the Healthcare advocate office. This is an important service for several reasons. Heath care insurance companies have strong lobbies and a lot of power with little or no checks and balances.

In our case, my husband (Arthur Ihloff) is a paraplegic and confined to a wheelchair. He has experienced much nerve pain throughout his life and all of the medications that he has tried have not relieved it or lessened it. Recently we went to a pain clinic and, after trying other medications, lyrica was prescribed. It supplied some amazing and gratifying relief and it has made such a difference in the quality of our lives.

However our insurance company refused to cover this medication. We appealed. The answer was no. Dr. Hargus appealed the decision and the answer was no. We notified the advocate office and gave out the details of our predicament. Within a month, the insurance company reconsidered our request and has found that indeed they do see their error and now will cover this wonderful medication for at least a year.

As individuals, we had very little clout. I know that it does not cost the state that much money, so why is it up for closing? I have kept this letter short, but if you need more details, please call or write me.

Sincerely

Barbara Woodis-Ihloff  
100 Fort Hill Dr. #303  
Uncasville CT 06382  
[Wellswood35@gmail.com](mailto:Wellswood35@gmail.com)

3/13/2009

**Mitchell, Michael F**

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**From:** White, Teresa (St. Vincent's Health Services/Bridgeport) [twhite@stvincents.org]  
**Sent:** Tuesday, March 10, 2009 9:41 AM  
**To:** Veltri, Victoria; Healthcare, Advocate; Mitchell, Michael F  
**Subject:** RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

Yes, you may use my story. I am available for any questions you may have.  
Regards,  
Teresa

Teresa H. White, RN, BSN, OCN  
Clinical Research Coordinator  
St. Vincent's Hospital  
2800 Main Street  
Bridgeport, CT 06606  
tel 203-576-6329  
fax 203-581-6587

-----Original Message-----

**From:** Veltri, Victoria [mailto:Victoria.Veltri@ct.gov]  
**Sent:** Tuesday, March 10, 2009 9:36 AM  
**To:** Healthcare, Advocate; White, Teresa (St. Vincent's Health Services/Bridgeport); Mitchell, Michael F  
**Subject:** RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

Again, please contact consumer to see if she'll allow us to use her e-mail. Thx.

Vicki Veltri  
General Counsel  
State of Connecticut  
Office of the Healthcare Advocate  
P.O. Box 1543  
Hartford, CT 06144  
(860) 297-3982  
(860) 297-3992 - facsimile  
victoria.veltri@ct.gov

[www.ct.gov/oha](http://www.ct.gov/oha)

-----Original Message-----

**From:** Healthcare, Advocate  
**Sent:** Tue 3/10/2009 9:01 AM  
**To:** White, Teresa (St. Vincent's Health Services/Bridgeport)  
**Subject:** RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

Teresa,

What a compelling story you have. I have forwarded your email to Maureen Smith, Director of Consumer Relations and to Candice Kohn.

Michael Foy Mitchell  
Health Program Analyst

Office of the Healthcare Advocate

(860) 297-3847

---

From: White, Teresa (St. Vincent's Health Services/Bridgeport)  
[mailto:twhite@stvincents.org]  
Sent: Monday, March 09, 2009 11:53 AM  
To: Healthcare, Advocate  
Subject: RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

To whom it may concern,

This is very sad, I understand that financial cut backs are required in this difficult economic time but what is the point of this cut back?

I work in the health care industry and dealing with providers and insurance companies is full time work.

Just to complete coordination of benefits is extremely difficult.

My own story is the following:

I am a single mother of four children; my sister lives with me as well and assists me with my children and household while I work full time.

My ex-husband lives in California, and he originally provided health insurance via Health Net of CA. I could not afford the out of pocket expenses

nor the denial of claims provided by this insurance company. I took a new job, and received Anthem BC/BS of CT. I was informed

that my insurance was primary due to the "birth date rule" and my ex-husband would be secondary.

I completed on three separate occasions and telephoned my insurance company several times on the "coordination of benefits".

To no avail, all of my claims were denied!

I was in debt over 20, 000.00\$ in medical bills. All the while my ex-husband and I still paid bi-weekly to the insurance company for coverage!

I was embarrassed and mortified for myself and family. Every appointment we went to I had to explain my insurance situation. My four children

having to witness this was horrific!

When I went to one of my children's providers one day, the reception saw my humiliation and listened to my story-she gave me the number of OHA.

Having a liaison to work with both insurance companies and providers, made all the difference in the world! Not only did the insurance company pay, we finally

knew what we owed to each provider.

Candice Kohn was reliable, professional, and honest. I really don't know what I would have done without her. It took a year to straighten this out, but it did get

completed. She was the only reason my case got settled. I could not have done this without her. I am very sad about this decision and wish more could be done

to keep this very important office.

Regards,

Teresa H. White, RN, BSN, OCN  
Clinical Research Coordinator  
St. Vincent's Hospital  
2800 Main Street  
Bridgeport, CT 06606  
tel 203-576-6329  
fax 203-581-6587

---

From: Healthcare, Advocate [mailto:Healthcare.Advocate@ct.gov]  
Sent: Monday, March 09, 2009 10:48 AM  
To: White, Teresa (St. Vincent's Health Services/Bridgeport)  
Subject: Protection Today More Important Than Ever Before, The Day, March 8, 2009



**Veltri, Victoria**

**From:** Lembo, Kevin  
**Sent:** Wednesday, February 11, 2009 4:43 PM  
**To:** 'Jennifer Jaff'  
**Cc:** Smith, Maureen; Veltri, Victoria  
**Subject:** RE: Copy of one letter sent

great letter. thank you.

---

**From:** Jennifer Jaff [mailto:jenniferjaff@sbcglobal.net]  
**Sent:** Wednesday, February 11, 2009 4:17 PM  
**To:** Lembo, Kevin  
**Subject:** Fw: Copy of one letter sent

FYI, J  
----- Original Message -----  
**From:** Linda Aukett, UOAA  
**To:** Jennifer Jaff - APCI  
**Sent:** Wednesday, February 11, 2009 4:11 PM  
**Subject:** Copy of one letter sent

I got a CC of one of the letters sent to the Gov.

----- Original Message -----  
**From:** Jo Cohen  
**To:** governor.rell@po.state.ct.us  
**Sent:** Wednesday, February 11, 2009 9:28 AM  
**Subject:** Office of Healthcare Advocate

Dear Governor Rell,

Please do not close the Office of Healthcare Advocate. This office was helpful in my appealing and obtaining coverage for a blood test for my son who is chronically ill with Crohn's Disease. The blood test was necessary to determine his metabolizing a medication that, if not properly metabolized, could have proved fatal. This office is funded by insurance companies. There are no savings to the taxpayer or relief of the budget deficit to be gained by closing it as part of the budget cuts.

Respectfully,

Jo Cohen

2/11/2009

**Veltri, Victoria**

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**From:** Healthcare, Advocate  
**Sent:** Tuesday, February 10, 2009 9:05 AM  
**To:** Veltri, Victoria  
**Subject:** FW: Regulation & Protection Subcommittee of Appropriations Meets This Evening

***FYI – Came in after I left yesterday. I sent her a thank you note.***

Michael Foy Mitchell  
Health Program Analyst  
Office of the Healthcare Advocate  
(860) 297-3847

---

**From:** Cathy Bartell [mailto:cbartell@nbanes.com]  
**Sent:** Monday, February 09, 2009 4:22 PM  
**To:** Healthcare, Advocate  
**Subject:** RE: Regulation & Protection Subcommittee of Appropriations Meets This Evening

I can't be at this meeting but please let the committee know that in an era where more cost is shifted to the patient under "consumer driven healthcare," citizens are expected to know more and more about their plan.

The OHCA has assisted a number of our patients in navigating some very complex parts of their plan. Now is not the time to shrink this office. Now is the time for it to provide more education to the consumer. Please view our website below, we actually have you as a link for our patients. [www.nbanes.com](http://www.nbanes.com)

Sincerely,  
Cathy Bartell, MHA

Cathy Bartell, MHA  
Practice Administrator  
New Britain Anesthesia, PC  
100 Great Meadow Road, Suite 208  
Wethersfield, CT 06109  
P 860.563.0700 X302  
F 860.563-0741  
[www.nbanes.com](http://www.nbanes.com)

---

**From:** Healthcare, Advocate [mailto:Healthcare.Advocate@ct.gov]  
**Sent:** Monday, February 09, 2009 11:55 AM  
**To:** cbartell@nbanes.com  
**Subject:** Regulation & Protection Subcommittee of Appropriations Meets This Evening

---

☒ Advisory:

In her budget proposal, Governor Rell has moved to shut-down the Office of the Healthcare Advocate (OHA) effective 7/1/09.

The Regulation and Protection Subcommittee of Appropriations will meet this evening to consider, in part, our request to save OHA.

Legislative Office Building

**Veltri, Victoria**

**From:** Healthcare, Advocate  
**Sent:** Tuesday, February 10, 2009 8:55 AM  
**To:** Sam Schaperow  
**Subject:** RE: Regulation & Protection Subcommittee of Appropriations Meets This Evening

***Thank you Sam. I have forwarded your email to our General Counsel and Legislative Liaison, Vicki Veltri.***

Michael Foy Mitchell  
Health Program Analyst  
Office of the Healthcare Advocate  
(860) 297-3847

---

**From:** Sam Schaperow [mailto:sam.schaperow@gmail.com]  
**Sent:** Monday, February 09, 2009 7:59 PM  
**To:** onlyselectrecipients@schaperowpsychologycenter.com  
**Cc:** Healthcare, Advocate; Ryan Rindom; Schelnerman, Zachary P.  
**Subject:** Fwd: Regulation & Protection Subcommittee of Appropriations Meets This Evening

Perhaps about our greatest advocate for all the health insurance troubles in CT (and I only know of one person in the private sector who is a healthcare advocate, Ryan Rindom who's new website in progress is [mrmentalhealthbilling.com](http://mrmentalhealthbilling.com)), Gov. Rell may close this important office down. CT's Office of the Healthcare Advocate exists to ensure that people get reimbursed through their insurers for services. They do more than get claims paid. They are the ones who help people get treatment when the insurer/HMO denies. They will work through contacts to ensure that we the people are able to get the healthcare our plans claim to provide. They also work with many types of healthcare (not just specialty), helping to decrease the number of stories we hear in which someone's health plan makes a patient jump through four months of hoops to get an MRI, but by the time the MRI happens, the cancer has progressed to stage four and the person dies.... They reside at <http://www.ct.gov/oha/site/default.asp>.

If you know any therapists or people who may be interested in keeping it open, please forward this to others and use the below information to request that it stay open. Please also fwd. to your professional organization(s) if you believe this Office should be saved.

I also propose that if there is no other way to save this Office, that perhaps either people getting their help can pay them a small percent (4%, for instance) of what money is collected or approved of for assistance. Or, perhaps CT can create new legislation that has insurers pay CT for their time to advocate for patients (this may also get insurers to do the right thing in the 1st place). Thank you for taking the time to read and possibly act on this situation.

Sincerely,

Sam Schaperow, LMFT  
SchaperowPsychologyCenter.com

----- Forwarded message -----

**From:** Healthcare, Advocate <[Healthcare.Advocate@ct.gov](mailto:Healthcare.Advocate@ct.gov)>  
**Date:** Mon, Feb 9, 2009 at 12:09 PM  
**Subject:** Regulation & Protection Subcommittee of Appropriations Meets This Evening  
**To:** [sam.schaperow@gmail.com](mailto:sam.schaperow@gmail.com)

2/10/2009

**Mitchell, Michael F**

---

**From:** Dbf514@aol.com  
**Sent:** Monday, February 09, 2009 3:09 PM  
**To:** Mitchell, Michael F  
**Subject:** Letter to Governor Reil

Dear Governor Reil,

My name is Debra Finn and I live at 58 Rainbow Court in Hamden, CT and I am 56 years old. I have been suffering for the last 2 years with back pain. I have dealt with the bureaucracy of trying to get my life back through the medical system. It took 1 1/2 years to even be diagnosed. I have been given more injections than I can remember, continue to be on narcotics for the pain and I have waited what seems like forever. I am currently fighting Anthem Blue Cross and Blue Shield because they have refused to pay for a minimally invasive surgery in Arizona, even though my CT provider is an in-network provider who ordered this surgery. It is only done in 3 places in the country. Anyway, after more than 2 years, I am finally getting assistance and the Office of Healthcare Advocate is going to be at my side at my hearing next week. After all the pain I have been through over the last 2 years, including losing a job I loved, and having to go on disability, I can not believe that you are even considering closing such a valuable department.

Please reconsider closing this department. As an individual who feels like David and Goliath taking on Anthem, standing alone makes it impossible to get anyone to listen to the little guy. I often wonder what happens to older citizens who have no advocate. I know last year I personally wanted to die trying to make appointments lying on the floor and never getting to talk to a person. I have come a long way and have a long way to go. Without the Office of Healthcare Advocate helping me, I don't know what I would do. The surgery was \$25,000 and in the future I expect I will need 2 disc replacements which Anthem does not pay for. They, I have been informed, are in the area of \$50-\$80,000. One of my prescriptions is \$781 per month. My Cobra will be expiring in October and I guess I will have to go on Medicare, which also does not pay for disc surgery. With the limited of resources out there who actually help people, PLEASE DO NOT CLOSE THE OFFICE OF HEALTHCARE ADVOCATE! We need them!

Sincerely,  
Debra B. Finn

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**Mitchell, Michael F**

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**From:** sgelda@aol.com  
**Sent:** Monday, February 09, 2009 4:00 PM  
**To:** Mitchell, Michael F  
**Subject:** Fwd: My testimony on why I need the OHA

-----Original Message-----

**From:** sgeida@aol.com  
**To:** michael.f.mithcell@ct.gov  
**Sent:** Mon, 9 Feb 2009 3:47 pm  
**Subject:** My testimony on why I need the OHA

Dear Michael,

I had called you earlier today, February 10th, and you said I could email you my testimony on how the OHA has helped my situation. Thank you for giving me the opportunity to email my story. I live all the way in Salem and it is just too far of a drive for me at night but in the future I would be glad to appear in person if need be. Please feel free to read or forward my email to anyone that you feel it could impact. First, let me start out with some background information that can help paint my picture. My husband is originally from Prospect Connecticut and after serving for nine years in the Air Force he decided that he did not want to have a career in the Air Force. We were stationed in Colorado Springs when he left the service. He did not have a job lined up when he was discharged. He had done his homework on insurance companies and was not going to leave our family without any insurance. Due to the fact that he was in the military, I was a stay at home mother with two children and we relied on the Air Force for our medical needs. My husband choose the insurance company Assurant. It had a 2500 dollar deductible and a monthly payment of about 350 a month. We were pretty healthy people and were not planning on using it much but if an emergency did arise we were pretty confident in Assurant that we would not have any problems. Two weeks before we left the base, I was in excruciating pain, it was one of the worst pains that I had ever felt. The Air Force was good to our family but did not provide the best medical care. I was told that I had an ovarian cyst but there was nothing we could do. When we left The Springs we headed East and stopped in Chicago to visit my Aunt and my husband had a job interview in the suburbs. Again, I felt this huge pain that was worse than the last time, and ended up in the ER. Before I went I called Assurant and they reassured me that our medical bills would be taken care of. Now, I had two ovarian cysts. I didn't believe that that was what was causing my pain but the doctors thought that if I was having an appendicitis that I would be in even more pain. Between the ultrasounds in the ER and check ups for my children for their schools we had met our 2500 deductible. We were also paying our monthly premium on time. On a follow up visit with a family physician they noticed a lump in my lower right abdomen and sent me to a specialist who is considered one of the best gynecologists in Chicago. He decided we needed to do a laposcopic surgery to see what the lump was and to check on those cysts. My surgery was on December 09, 2007 and we made sure, myself and the doctor's office, that everything was okay with Assurant. It was suppose to be an outpatient surgery. When my doctor went in he noticed the cause of my pain, my appendix had hardened and everything inside was pushed to the tip getting ready to burst at any moment. He also removed some cysts, pieces of my intestine, and removed scar tissue. I went home that afternoon but didn't feel right. I was in even more pain than I was before the surgery, I couldn't walk, I hadn't realized it but had not gone to the bathroom or even thought that I had to go to the bathroom, and the pain medication wasn't even touching what I was feeling. When my doctor called to see how I was doing he had me come into his office right away. He then put me in the hospital. My intestines were paralyzed and my bladder had stopped working, these were both rare but side effects for the anaesthetic used during surgery. All this time Assurant was giving us the okay for everything. After surgery, and a hospital stay of four days, we had racked up a medical bill

2/9/2009

close to 100,000 dollars. I had a couple follow up visits with my doctor over the next couple of weeks because my body had to learn how to process food all over again. I can't even count the number of ultrasounds, cat scans, and mris that I had. My husband did get a job finally in Connecticut and we moved across the country in the middle of January 2008. It wasn't long after we got here, that we started having troubles with Assurant. The hospital and doctors started calling saying that Assurant was denying our claims. Assurant was now starting an investigation citing a pre-existing condition. We filled out every piece of paperwork they asked us to, most times even twice. They contacted all of our doctors and got my past medical records. All of this took so much time. We had so many people calling us all of the time wanting to know when we were going to pay my medical bills. We are good people who just want to raise our family right. We pay our bills on time and have good credit scores. Connecticut is not a easy on the wallet place to live. We get charged with so many taxes that are so high. We can't afford a lawyer to fight this insurance company. Last month, we came to the conclusion that even though we really couldn't afford it that we were going to have to get a lawyer. Assurant had closed our investigation and collection offices were calling. The lawyer office that we called told us to give OHA a try first and see what they could do. OHA put us in touch with Maureen Smith right away. She has been amazing. She has given us hope that we can put this behind us. We feel like someone is actually sticking up for us now. She has gotten information out of Assurant that we couldn't, they were denying to send us a copy of our policy. Assurant is asking the Air Force to go against HEPA laws and are asking for information they have no right to have. If I don't have Maureen Smith or the OHA office on this case I do not know what we will do. It comes down to facts. The facts are we paid our monthly premiums, we paid our deductibles, and when it came down to Assurant doing their part they didn't. The people in the state of Connecticut need someone to stick up to these insurance companies. And as a resident and tax payer of Connecticut I would like to think that all those taxes I pay go towards an organization that is actually needed. If Governor Rell wants to take away the OHA I don't know what we will do. I also can't help to think that there are people out there that have it worse than I do and I really don't know what they are going to do.

Sincerely,  
 Allyson M Geida  
 860-823-1527  
[sgeida@aol.com](mailto:sgeida@aol.com)

note to Michael: Please feel free to email, write, or call with any questions. Also I know that my testimony was really long, I just wanted you to get all of the facts. If you need to edit it go and do so.

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**A Good Credit Score is 700 or Above. See yours in just 2 easy steps!**

## Healthcare, Advocate

**From:** Beth Earley [eeme63@sbcglobal.net]  
**Sent:** Monday, February 09, 2009 2:28 PM  
**To:** maynark@statedems.ct.gov; LindaOrange@cga.ct.gov; harp@statedems.ct.gov;  
john.geragosian@cga.ct.gov; Len.Fasano@cga.ct.gov; Elizabeth.Esty@cga.ct.gov  
**Cc:** Healthcare, Advocate  
**Subject:** Budget cuts and the Office of the Healthcare Advocate

I am writing in regard to the proposed elimination of the Office of the Healthcare Advocate. Why, when this agency is NOT FUNDED by the General Fund, rather funded through the Insurance Fund (essentially paid through insurance companies) would this office be a target for closure?

OHA is the only advocate for consumers and often the last resort when a consumer is up against a multi-million dollar insurance company. OHA's success rate is astounding. They help the consumer get the care they need, keep the state from spending MORE on Medicaid and assure the insurance companies are held responsible for their obligations to the consumers, their customers. I am in the healthcare field, and while I have never personally needed their assistance, it is reassuring to know they are there is the need ever arises. Also, I have heard from patients who have dealt with this agency with great success. Concentrating on the healing process and navigating your way through the healthcare system is enough for a person to deal with when they are ill.

in closing, let me reiterate my objections to consideration of the Office of Healthcare Advocate being closed. An agency such as OHA is an asset to the state, saving consumer time and money, as well as state funds, and should not be eliminated.

Elizabeth Earley, PA-C  
31 Whiffle Tree Road  
Wallingford, CT 06492

2/9/2009

**Veltri, Victoria**

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**From:** Holly Starkman [hollybstar@snet.net]  
**Sent:** Monday, February 09, 2009 2:39 PM  
**To:** Veltri, Victoria  
**Subject:** OHA

Dear Governor Rell and involved officials:

I am a Ph.D. licensed clinical social worker in private practice in Guilford, Connecticut. I am writing to you as I just learned from a colleague today that the Office of Healthcare Advocacy may be closing as a result of budget cuts. It had been my experience, and those of many colleagues, that this office has provided a critical service to Connecticut residents who may have otherwise not received a continuation of needed mental health services.

In fact, I have had several patients in my practice receive continued care for an eating disorder that, if not approved, may have seriously jeopardized their health and life.

As a clinician in this state I would be very concerned about our citizens not having access to the advocacy and safeguarding of medically necessary services as is provided by The Office of Healthcare Advocacy. I understand that our state is currently in a fiscal crisis however, citizen safeguarding and advocacy, in my opinion, should not be a service to close.

Thank you for your consideration.

Sincerely,  
Holly Starkman, Ph.D.  
Guilford, CT  
(203) 458-3330



**Veltri, Victoria**

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**From:** Healthcare, Advocate  
**Sent:** Monday, February 09, 2009 1:25 PM  
**To:** Lembo, Kevin; Veltri, Victoria  
**Subject:** FW: Regulation & Protection Subcommittee of Appropriations Meets This Evening

**FYI**

Michael Foy Mitchell  
Health Program Analyst  
Office of the Healthcare Advocate  
(860) 297-3847

---

**From:** Joan Kloth-Zanard [mailto:putzangel@aol.com]  
**Sent:** Monday, February 09, 2009 1:24 PM  
**To:** Healthcare, Advocate  
**Subject:** Re: Regulation & Protection Subcommittee of Appropriations Meets This Evening

Unfortunately, I cannot make that meeting but would like to make a statement.

Medicaid and Medical care is hard enough to get, but to not have someone to help you through the rough spots is going to mean more depressed and stressed individuals and families, which will mean more medical care needed for the stress related problems. Add to this the damages emotionally to the children who will begin to be neglected because of their parent's emotional overload from the lack of ability to get help finding services, and now we have a serious additional problem that will affect the schools, the system and society. It would be far cheaper to keep OHA to help these families and provide the buffer they need, than to pay the increased medical care via Medicaid and Medicare that will occur from the stress and anxiety of feeling alone and unable to get help. And then add the cost of more juveniles in jail, in foster care, in in-patient and out-patient facilities along with added police and funding that will be needed to control these neglected children, and the cost has now doubled. This is not just a trickle down affect. This is a down pour affect.

Joani

Joan T. Kloth-Zanard  
[putzangel@aol.com](mailto:putzangel@aol.com)  
Kloth Consulting  
[www.KlothConsulting.com](http://www.KlothConsulting.com)  
Consulting for Individuals, Families and Businesses

On Feb 9, 2009, at 11:56 AM, Healthcare, Advocate wrote:

<image001.jpg>

2/9/2009

## Healthcare, Advocate

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**From:** mgrande@att.net  
**Sent:** Monday, February 09, 2009 3:33 PM  
**To:** Healthcare, Advocate  
**Subject:** Vote No on the Closure of the Office of the Healthcare Advocate

To the Connecticut State Subcommittee Members,

I am writing to express my opposition to Governor Jodi Rell's recommendation of shutting down the Office of the Healthcare Advocate. In these times more than ever this office is essential to the consumer trying to navigate the insurance industry. It is my understanding this department is funded not by the taxpayer but by the insurance fund. If this is true I don't understand the reasoning for her closing the Office of the Healthcare Advocate and again if this is true, you as the elected state legislatures are obligated to protect the rights of those who elected you to Hartford.

OHA has continued to provide advocacy services at no charge, to individuals who have been denied coverage or a claim by their insurance company for a service which is medically necessary and has proposed legislation that removes unnecessary barriers to healthcare access under managed care plans. Who will do this if this office is eliminated? Who will protect citizens when coverage is wrongly denied?

This committee must remember OHA has forged positive working relationships with your and the executive branches as well as our Congressional delegation and health advocacy organizations nationwide to stay at the forefront of healthcare reform efforts. They have played a critical role in the creation of national mental health parity legislation. Again, who will make sure the citizens of Connecticut are protected?

I feel closing the Office of the Healthcare Advocate is wrong and again if this office is funded by the insurance companies and not the taxpayer I would like to know what purpose it would serve to close it?

Sincerely,  
Mary Grande  
98th District  
2 Squire Lane  
Branford CT 06405  
203.488.2717  
[mgrande@att.net](mailto:mgrande@att.net)

## Fax Cover Sheet

Arlene Havens, M.Ed., M.S.W., L.C.S.W.  
15 Chesterfield Rd.  
Suite 211  
East Lyme, CT 06333  
(860) 691-1880  
Fax (860) 739-5256

Send to: <i>QHA</i>	From: <i>Arlene Havens</i>
Attention:	Date: <i>2/9/09</i>
Office location:	Office location:
Fax number: <i>297-3992</i>	Phone number:

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Total pages, including cover: *2*

## Comments:

*Attached is copy of letter & faxed  
to Member of Appropriation Subcommittee  
for tonight's hearing. I hope it helps!  
Arlene*

Arlene Havens, M.Ed., M.S.W., L.C.S.W.  
Psychotherapist  
15 Chesterfield Rd.  
Suite 211  
East Lyme, CT 06333  
(860) 691-1880

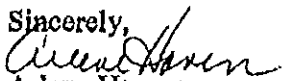
February 9, 2009

Dear Senator Harp, Representative Reynolds and Members of the Appropriations Subcommittee:

I am writing to urge your support for the Office of the Healthcare Advocate. I write on my own behalf as well as that of a friend, Sylvia Zeldis, who is so busy trying to secure medically recommended treatment for cancer that she is unable to write to you herself. Sylvia, like many others, lives with a serious cancer. Despite the fact that multiple doctors who care for her have recommended a particular surgery and medication regimen, her insurance company (Anthem) is currently refusing the treatment. So while battling her life threatening illness, Sylvia must also do battle with Anthem. The Office of the Healthcare Advocate ensures that health insurance companies meet their contractual obligations and pay for the medically necessary, sometimes life-saving, treatment that patients need.

I am shocked that Governor Rell would recommend the elimination of the position of the Healthcare Advocate and I seriously question her motivation. As I understand it, eliminating the Office of the Healthcare Advocate will not help the state's budget or bottom line because this office is funded by the Insurance Fund (paid for by insurance companies). Cuts to the Office of the Healthcare Advocate go back as a credit to the Insurance Industry and do not help close the budget deficit. Why then would we eliminate this office which has helped more than 2,000 patients in the last year. I believe that eliminating the Office of the Healthcare Advocate would directly and immediately harm the citizens of Connecticut. I know that for my friend, Sylvia, this would be a harsh blow.

In these difficult financial times we must, I believe, keep our focus not only on the "bottom line" but also on what kind of a community we want to be. I urge you to support the continuation of the Office of the Healthcare Advocate because I believe it represents some of the best of what we can do and be for our state residents.

Sincerely,  
  
Arlene Havens  
Cc: OHA

**Veltri, Victoria**

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**From:** Stephanie Carrow [carrowsoptonline.net]  
**Sent:** Monday, February 09, 2009 3:37 PM  
**To:** Veltri, Victoria  
**Subject:** Testimony for Subcommittee meeting tonight

Dear Ms. Veltri,

Here is my testimony in support of OHA for your use in the Subcommittee meeting tonight and elsewhere. If you need any further information, please let me know:

I am writing in support of OHA, which is crucial for the protection and empowerment of both patients and health care providers.

I am a mental health provider (LCSW), and I find OHA to be vital to getting appropriate action from the health insurance industry. For the past six months, due to the mismanagement at a major health insurance company, I have had the experience of multiple, properly submitted claims being denied and mishandled. I tried to navigate the insurance bureaucracy on my own, to correct what was clearly a widespread systemic problem, with no success. I finally contacted OHA, and within a stunningly short period of time, they were able to cut through the bureaucratic nightmare and have the problem resolved.

It was also so helpful and relieving, after dealing for months with utter indifference and apathy from representatives at the insurance company, to speak with someone at OHA who demonstrated empathy, understanding and concern for the problem I was contending with, and who was able to reassure me that it would be resolved.

OHA is the highly effective, indispensable voice of the state's citizens in health care issues. As such, it is probably also cost-effective. To shut it down would be a grave mistake that could have more costly consequences to the state in the long run.

OHA is invaluable to providers and patients alike, and should be maintained.

Thank you,

Stephanie Carrow, LCSW  
Norwalk, CT 06853  
917-613-6687

2/9/2009

I was diagnosed with Breast Cancer in March 2006 for the second fifteen years after the first diagnosis. I had been checked regularly at Sloan Kettering CC in New York since my first treatment. This cancer was very aggressive and took both me and the drs. by surprise because of its rapid growth. I had a double mastectomy and then was treated with aggressive chemotherapy.

The decision was made by Larry Norton at Sloan to also follow with a six week regimen of daily radiation as a result of the extensive involvement of lymph nodes which were discovered at the time of my surgery. The same dr. who had administered radiation to me 15 years earlier recommended that this time I have a particular type of radiation called Intense Modular Radiation Therapy or IMRT. This treatment targets the problem area only while protecting the surrounding area. Since I had previously had radiation in the chest area this was important to protect my heart and lungs which had already been exposed to radiation once. In addition, it is more effective in treating such aggressive cancers.

Much to my surprise, Blue Cross (a premium insurance company) denied coverage for my treatment stating that they did not consider it medically necessary. My dr. at Sloan told me that they had been using this treatment for Breast Cancer for about 10 or 12 years and had only just recently begun to have a problem with a couple of insurance. Blue Cross was one but other companies like United Health Care and a list of others did cover this treatment. When her patients were denied she was appealing to blue cross and always was successful.

She sent in an appeal on my behalf which was denied after about a week. She then sent a second appeal which she said always worked but it too was denied after another week. Her other dealings with Blue Cross had been from other states, mostly New York and Dr. McCormick was shocked at this outcome. My husband and I had been in touch with Blue Cross stating that we would pay the difference between the cost of the type of radiation they would cover and the cost of IMRT. They would not agree with that and in essence were dictating my treatment by saying it was their way or they would not pay. The difference in cost was about 15% more than what they would cover.

We contacted Senator Lieberman's office who put us in touch with Vicky Veltri at the Health Advocate's Office. As you can imagine, this is a traumatic time for both the patient and family.

You need all your resources to fight this battle. Having an insurance company dictate your care is tantamount to torture for all involved (patient, as well as family). The second appeal decision was final according to Blue Cross. And then Ms. Veltri advocated for us with the Insurance Co. My daughter and she talked. My daughter told me about emails she got from Vicky which were sent at 2:00 a.m. and countless contacts with her to get all the facts to present. Within a week, she had convinced Blue Cross to reopen the appeal and they decided to cover IMRT. There was a real time crunch involved since because of Blue Cross's slow process I was getting to the end of the window in which radiation HAD to be started.

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In the long run, I am convinced that the insurance company saved money because we would have gone to the state to appeal and then sued Blue Cross if that did not work. We would have paid for the treatment and then sued because we felt that this policy was so wrong and ultimately costly to the health care system. Well patients are the goal of the hospitals who need the cooperation of the insurance companies to make that happen. The office of Health Advocacy serves an essential role to the citizen's of this state.

I would be happy to answer any questions about the above.

Clare Donoghue  
Fairfield, Connecticut

**Veltri, Victoria**

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**From:** Lembo, Kevin  
**Sent:** Wednesday, March 04, 2009 11:55 AM  
**To:** 'Rep. Villano, Peter'  
**Cc:** OHA-DL-All Users  
**Subject:** RE: Office of the Health Care Advocate

Peter, Thank you. K

---

**From:** Rep. Villano, Peter [mailto:Peter.Villano@cga.ct.gov]  
**Sent:** Wednesday, March 04, 2009 11:51 AM  
**To:** Appropriations Committee Members  
**Cc:** Lembo, Kevin  
**Subject:** Office of the Health Care Advocate

The excerpt below from a constituent's letter explains why the Office of the Health Care Advocate must be preserved.

Frustrated for years trying to reach payment agreement with her late mother's health insurer over a \$5,810.53 bill, she was put in touch with staff of the Office of the Health Care Advocate. The result was prompt dialogue among all parties, resulting in the discovery of billing errors and considerable progress toward a just resolution. My constituent wrote:

"The people of Connecticut need someone on their side to help with insurance issues such as mine. Ms. Veltri and the Office of the Health Care Advocate is a great asset to the people of Connecticut, so I urge you to reconsider closing this valuable department because I can't imagine how many people, especially our elderly, would be paying for insurance claims that the insurance companies are responsible for if they did not have someone fighting for them."

Peter



**Veltri, Victoria**

**From:** Barbara woodis-ihloff [wellswood35@gmail.com]  
**Sent:** Tuesday, March 10, 2009 10:41 AM  
**To:** Veltri, Victoria  
**Subject:** appeal to avoid closure of advocate office

I am sending you a copy of this by snail mail today.

March 10, 2009

Office of the Healthcare Advocate  
Dear Ms Veltri

I am writing to plead for a reconsideration of the decision to close the Healthcare advocate office. This is an important service for several reasons. Heath care insurance companies have strong lobbies and a lot of power with little or no checks and balances.

In our case, my husband (Arthur Ihloff) is a paraplegic and confined to a wheelchair. He has experienced much nerve pain throughout his life and all of the medications that he has tried have not relieved it or lessened it. Recently we went to a pain clinic and, after trying other medications, lyrica was prescribed. It supplied some amazing and gratifying relief and it has made such a difference in the quality of our lives.

However our insurance company refused to cover this medication. We appealed. The answer was no. Dr. Hargus appealed the decision and the answer was no. We notified the advocate office and gave out the details of our predicament. Within a month, the insurance company reconsidered our request and has found that indeed they do see their error and now will cover this wonderful medication for at least a year.

As individuals, we had very little clout. I know that it does not cost the state that much money, so why is it up for closing? I have kept this letter short, but if you need more details, please call or write me.

Sincerely

Barbara Woodis-Ihloff  
100 Fort Hill Dr. #303  
Uncasville CT 06382  
[Wellswood35@gmail.com](mailto:Wellswood35@gmail.com)

3/10/2009

## **Veltri, Victoria**

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**From:** White, Teresa (St. Vincent's Health Services/Bridgeport) [twhite@stvincents.org]  
**Sent:** Tuesday, March 10, 2009 9:41 AM  
**To:** Veltri, Victoria; Healthcare, Advocate; Mitchell, Michael F  
**Subject:** RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

Yes, you may use my story. I am available for any questions you may have.

Regards,  
Teresa

Teresa H. White, RN, BSN, OCN  
Clinical Research Coordinator  
St. Vincent's Hospital  
2800 Main Street  
Bridgeport, CT 06606  
tel 203-576-6329  
fax 203-581-6587

-----Original Message-----

**From:** Veltri, Victoria [mailto:Victoria.Veltri@ct.gov]  
**Sent:** Tuesday, March 10, 2009 9:36 AM  
**To:** Healthcare, Advocate; White, Teresa (St. Vincent's Health Services/Bridgeport); Mitchell, Michael F  
**Subject:** RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

Again, please contact consumer to see if she'll allow us to use her e-mail. Thx.

Vicki Veltri  
General Counsel  
State of Connecticut  
Office of the Healthcare Advocate  
P.O. Box 1543  
Hartford, CT 06144  
(860) 297-3982  
(860) 297-3992 - facsimile  
victoria.veltri@ct.gov

[www.ct.gov/oha](http://www.ct.gov/oha)

-----Original Message-----

**From:** Healthcare, Advocate  
**Sent:** Tue 3/10/2009 9:01 AM  
**To:** White, Teresa (St. Vincent's Health Services/Bridgeport)  
**Subject:** RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

Teresa,

What a compelling story you have. I have forwarded your email to Maureen Smith, Director of Consumer Relations and to Candice Kohn.

Michael Foy Mitchell  
Health Program Analyst

Office of the Healthcare Advocate

(860) 297-3847

---

From: White, Teresa (St. Vincent's Health Services/Bridgeport) [mailto:twhite@stvincents.org]  
Sent: Monday, March 09, 2009 11:53 AM  
To: Healthcare, Advocate  
Subject: RE: Protection Today More Important Than Ever Before, The Day, March 8, 2009

To whom it may concern,

This is very sad, I understand that financial cut backs are required in this difficult economic time but what is the point of this cut back?

I work in the health care industry and dealing with providers and insurance companies is full time work.

Just to complete coordination of benefits is extremely difficult.

My own story is the following:

I am a single mother of four children; my sister lives with me as well and assists me with my children and household while I work full time.

My ex-husband lives in California, and he originally provided health insurance via Health Net of CA. I could not afford the out of pocket expenses

nor the denial of claims provided by this insurance company. I took a new job, and received Anthem BC/BS of CT. I was informed

that my insurance was primary due to the "birth date rule" and my ex-husband would be secondary.

I completed on three separate occasions and telephoned my insurance company several times on the "coordination of benefits".

To no avail, all of my claims were denied!

I was in debt over 20,000.00\$ in medical bills. All the while my ex-husband and I still paid bi-weekly to the insurance company for coverage!

I was embarrassed and mortified for myself and family. Every appointment we went to I had to explain my insurance situation. My four children

having to witness this was horrific!

When I went to one of my children's providers one day, the reception saw my humiliation and listened to my story-she gave me the number of OHA.

Having a liaison to work with both insurance companies and providers, made all the difference in the world! Not only did the insurance company pay, we finally

knew what we owed to each provider.

Candice Kohn was reliable, professional, and honest. I really don't know what I would have done without her. It took a year to straighten this out, but it did get

completed. She was the only reason my case got settled. I could not have done this without her. I am very sad about this decision and wish more could be done

to keep this very important office.

Regards,

Teresa H. White, RN, BSN, OCN

Clinical Research Coordinator

St. Vincent's Hospital

2800 Main Street

Bridgeport, CT 06606

tel 203-576-6329

fax 203-581-6587

---

From: Healthcare, Advocate [mailto:Healthcare.Advocate@ct.gov]

Sent: Monday, March 09, 2009 10:48 AM

To: White, Teresa (St. Vincent's Health Services/Bridgeport)

Subject: Protection Today More Important Than Ever Before, The Day, March 8, 2009

Monday, March 09, 2009

If you have a moment, please read this letter printed in The Day, March 8, 2009, regarding the work of the Office of the Healthcare Advocate.

Just click the link below for a pdf of the article or click The Days's icon above for the online copy.

Protection Today More Important Than Ever Before

<[http://www.ct.gov/oha/lb/oha/articles/theday.com\\_-\\_protection\\_today\\_more\\_important\\_than\\_ever\\_before.pdf](http://www.ct.gov/oha/lb/oha/articles/theday.com_-_protection_today_more_important_than_ever_before.pdf)>

Thank you for your continued interest in and support of the Office of the Healthcare Advocate.

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**Testimony of Kevin P. Lembo, State Healthcare Advocate  
before the Appropriations Committee of the  
Connecticut General Assembly**

**February 9, 2009**

Senator Harp, Representative Geragosian, and members of the Appropriations Committee, for the record I am Kevin Lembo the State Healthcare Advocate and I am here to testify in strong opposition to Governor M. Jodi Rell's proposal to close the Office of the Healthcare Advocate.

The Office of the Healthcare Advocate was created by you, the Legislature, in 1999 as part of the much larger Managed Care Accountability Act. While we have made strides together to protect consumers over the years, the job is far from finished. The insurance market is more confusing than ever; fewer employers and individuals can find coverage that is meaningful and affordable; and, the denials get more troubling every day.

I share your concerns, and those of the Governor, about the challenging financial condition of our state and nation. The looming budget deficit of the biennium will require clear and innovative thinking on all our parts. The easy answers, the quick cuts, however will simply not be enough.

The OHA is a Special Fund Agency. We receive our budget allocation from the Insurance Fund (like the Insurance Dept.). The Insurance Fund, as you know, is created based on an assessment on insurance companies. The OHA and Insurance Dept. (CID) while sharing funding, have very different roles. CID is the regulator. OHA is the consumer advocate. The Insurance Department ensures that there is a healthy insurance marketplace. The Office of the Healthcare Advocate makes sure the market is healthy for consumers.

The Insurance Department does not, can not, and arguably, should not do what we do. CID only helps consumers who are in state-regulated plans, but about 50% of insured Connecticut residents are in federally regulated plans. The Insurance Department is prevented from helping them. Without OHA, they will have nowhere else to turn.

The OHA ensures that health insurance companies meet their contractual obligations and that they pay for the medically necessary, sometimes life-saving, treatment patients need.

We help patients and providers to build and document the case for medical necessity, and it is based on that information that denials are reversed on appeal. This is a core consumer protection of function of government that is not performed by any other agency.

Cuts to the Insurance Department or the OHA do not help to close the General Fund deficit. In fact, cuts to CID or OHA go back to the insurance industry. All rescissions, lapses and cuts are backed out as credits when the new fiscal year assessment is calculated.

In 2008, the OHA helped more than 2,000 patients to resolve problems with their health insurance coverage. OHA's assistance resulted in more than \$5,000,000 in consumer savings last year – the value of those claims for surgeries, cancer treatment, transplants, mental health care, and other needs, that we helped to overturn.

The OHA's budget for this fiscal year is slightly over \$1,000,000. For every dollar we spend from the Insurance Fund, we return more than \$5 directly to the pockets of patients. These are patients who would have spent down their retirement savings, max-ed out their credit cards, refinanced their homes, or borrowed from friends and family members to get the care they need. Even worse, there are those who could do none of those things and who simply go home and wait. This is dramatic, but it is a frightening reality for our neighbors every day.

Since 1/1/05, OHA has helped about 7,500 patients and returned nearly \$14 million in savings directly to patients and their families. With higher unemployment, and an anticipated increase in denials for those lucky enough to have insurance, the need for OHA will only increase in the coming years.

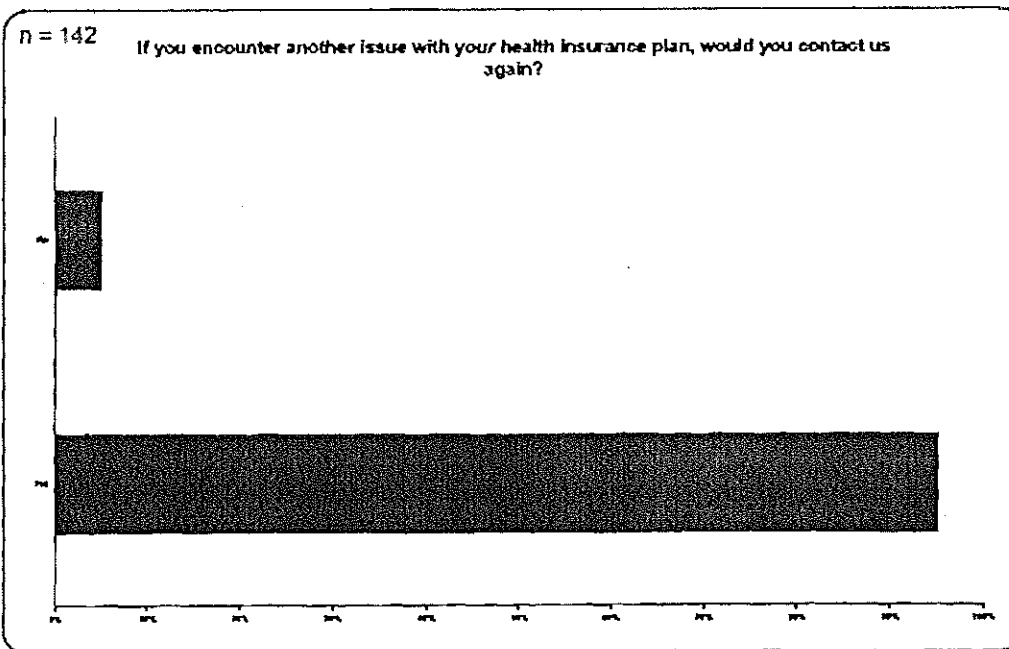
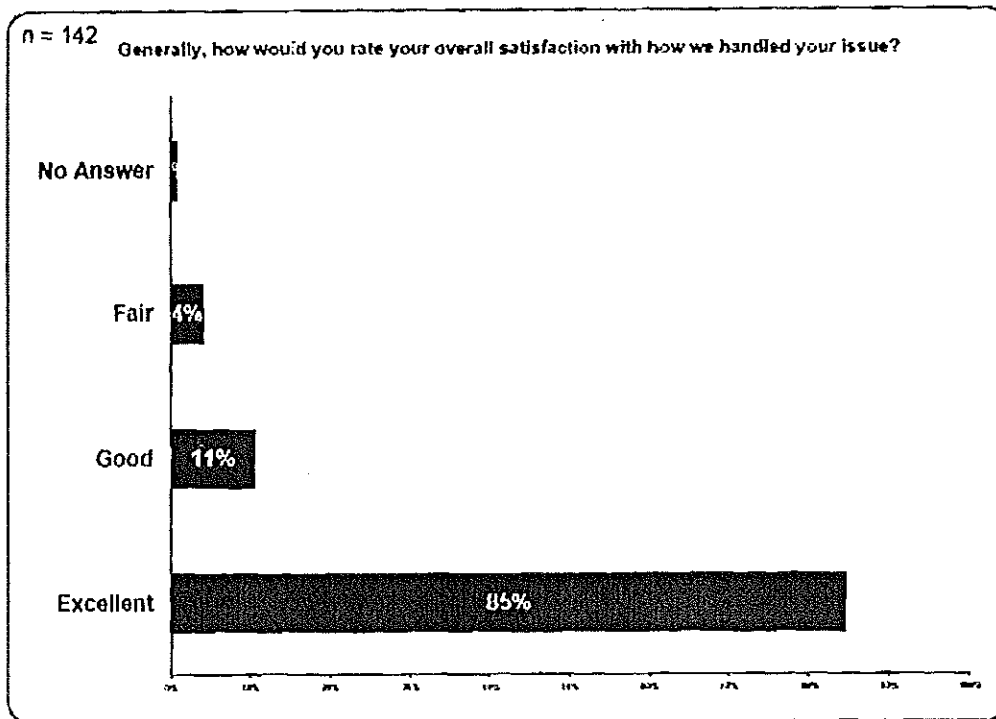
The Office of Fiscal Analysis often cites OHA's performance measurement, "For every dollar we spend from the Insurance Fund, we return \$5.20 to the pockets of patients," as a high-quality performance measurement example in their Results-Based Accountability (RBA) trainings, done in partnership with the Charter Oak Group, LLC.

You will hear tonight from some of the thousands of people we have helped over the years. From some, you will hear about the frustration they felt when trying to find help when their insurance company said, "no." Many are stories of success. Their stories are their own, and they should tell those stories to you. I thank them for coming here this evening.

In closing, I thank you for your attention. I implore you to do the right thing, and I look forward to our continued work together.

- 
1. Cutting OHA does not help solve the fiscal crisis.
  2. Cutting OHA only enriches the insurance companies.
  3. Cutting OHA means direct and immediate harm to consumers.

Office of the Healthcare Advocate  
2008 Consumer Satisfaction Survey Results







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# Protection Today More Important Than Ever Before

## Protection Today More Important Than Ever Before

Published on 3/8/2009 in [Home](#) » [Editorial](#) » [Perspective](#)

Gov. Rell has made a number of very interesting choices in her budget proposal. Perhaps the most perplexing is the closing of the Office of the Healthcare Advocate.

This office, which receives no tax dollars to fund its operation, has been a model of efficiency and effectiveness in carrying out its mission: protecting consumers from arbitrary and unfair actions by their health insurance company. The Office of the Healthcare Advocate (OHA) helps more than 2,000 patients a year to reverse claim denials. Last year alone, the office saved these consumers \$5.2 million when claims were reversed in their favor.

### Won't save money

So if closing the agency doesn't help us solve the looming budget shortfall, you've got to wonder why. The governor's own Office of Policy and Management acknowledged, after a week of questioning, that getting rid of the advocate does nothing to solve our budget problems. As it turns out, closing the agency will only reward the insurance industry. They won't have to pay those claims that they keep denying. The message to patients: You are, once again, on your own.

It's important to remember that this office also serves an important policy role. It's OHA that helps us as legislators to identify problems, create solutions, and enhance consumer protections. They are important allies as we strategize to solve the crushing issue of health-care reform. It was OHA that helped us to address the issues of mental health parity; ensuring transparency in the public insurance programs; and guaranteeing that patients have a meaningful right to appeal insurance company denials. It was OHA's leader, Kevin Lembo, who was called to testify before Congress to explain and offer solutions for the problem of health insurance companies canceling coverage once you get sick.

OHA is made up of serious people doing serious work on behalf of the people of Connecticut. The office is a model for the nation in its independence and command of the issues. Leaders from other states send their staff to Connecticut to learn how it's done.

*The people of Connecticut are relying on us, in the General Assembly, to put the watchdog back in its rightful place - protecting the people. That is what we intend to do.*

*Kevin Ryan, The State Representative From The 139th District, Represents The Towns Of Bozrah, Franklin, Lebanon And Montville. He Is House Chair Of The Labor And Public Employees Committee. Melissa Olson Is A Deputy Majority Leader And Co-chair Of The House Democrats' Screening Committee. She Is The Representative From The 46th District, Representing Norwich.*

*Kevin Ryan and Melissa Olson  
Regional*

